

STATE OF COLORADO

# \_\_\_\_\_  
(For Use by State)

**Department of Local Affairs**  
**ENERGY AND MINERAL IMPACT ASSISTANCE PROGRAM APPLICATION**  
**Tier I or Tier II**

Public Facilities/Public Services/Community Development Projects  
 (Refer to back page for application filing information)  
**Applications Must Be Submitted Electronically**

**A. GENERAL AND SUMMARY INFORMATION**

1. Name/Title of Proposed Project: \_\_\_\_\_

2. Applicant: \_\_\_\_\_

(In the case of a multi-jurisdictional application, name of the "lead" municipality, county, special district or other political subdivision).

In the case of a multi-jurisdictional application, provide the names of other directly participating political subdivisions: \_\_\_\_\_

3. Chief Elected Official (In the case of a multi-jurisdictional application, chief elected official of the "lead" political subdivision):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. Designated Contact Person (will receive all mailings) for the Application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. Amount of Energy/Mineral Impact Funds requested: (**Tier I**; Up to \$200,000 or **Tier II**; Greater than \$200,000 to \$2,000,000) \$ \_\_\_\_\_

6. a. Brief Description of the Project and the Community's Documented or Demonstrated Need:

(The reason for this project application in 100 words or less)

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b. Brief Description of how this project addresses the Community's Documented or Demonstrated Need:

(Is the project a benefit to public health [e.g. improve water quality, provide for a more reliable quantity of water]; or does the project improve the effectiveness or efficiency of services [e.g. by improving the drainage system, upgrading the financial records system, adding office space]; or does the project add to the quality of life of the community [e.g. improvements to community centers, senior and/or youth centers] Describe in **100 words or less.**)

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7. A. Local priority if more than one application from the same local government (e.g., 1 of 2, 2 of 2, etc.). \_\_\_\_\_

**B. DEMOGRAPHIC AND FINANCIAL INFORMATION.**

**1. Population**

a. What was the 2000 population of the applicant jurisdiction? \_\_\_\_\_

b. What is the current estimated population for the applicant jurisdiction? \_\_\_\_\_  
(Current/most recent lottery distribution estimate is acceptable.) What is the source of the estimate? \_\_\_\_\_

c. What is the population projection for the applicant in 5 years? \_\_\_\_\_  
What is the source of the projection? \_\_\_\_\_

**2. Financial Information (Current Year):**

In the column below labeled "Applicant" provide the financial information for the municipality, county, school district or special district directly benefiting from the application. In the columns below labeled "Entity", provide the financial information for any public entities on whose behalf the application is being submitted (if applicable).

Complete items "a through i" for ALL project types:			
	Applicant	Entity	Entity
a. Assessed Valuation (AV) Year: 200__			
b. Mill Levy			
c. Property Tax Revenue (mill levy x AV)			
d. Sales Tax (Rate/Estimated Annual Revenue)	% / \$	% / \$	% / \$
e. Total General Fund Budget			
f. Total Applicant Budget Amount (Sum of General Fund and all Special or Enterprise Funds)			
g. Total Multi-year Debt Obligations for all Fund Types*			
h. Total Lease-Purchase and Certificates of Participation obligations*			
i. General Fund Balance (Reserves) as of January 1 of this current calendar year.			

For projects to be managed through a Special Fund other than the General Fund (e.g. County Road and Bridge Fund) or managed through an Enterprise Fund (e.g. water, sewer, county airport), complete items "j through n":			
Identify the relevant Special Fund or Enterprise Fund:			
j. Special or Enterprise Fund Budget Amount			
k. Special or Enterprise Fund Multi-Year Debt Obligations*			
l. Special or Enterprise Fund Balance (Reserves) on January 1 of this calendar year			
m. Special or Enterprise Fund Lease-Purchase and Certificate of Participation Obligations*			
n. Special Fund Mill Levy (if applicable)			

For Water and Sewer Project Only complete items "o through q":			
o. Tap Fee			
p. Average Monthly User Charge (Divide sum of annual residential revenues by 12 and then divide by the number of residential taps served.)			
q. Number of Taps Served by Applicant			

\* Include the sum of the year-end principal amounts remaining for all multi-year debt obligations, lease purchase agreements or certificate of participation notes.



#### **D. PROJECT INFORMATION.**

**The statutory purpose of the Energy and Mineral Impact Assistance program is to provide financial assistance to “political subdivisions socially or economically impacted by the development, processing or energy conversion of minerals and mineral fuels.”**

##### **1. Energy/Mineral Relationship/Social and Economic Impact.**

- a. Describe how the applicant is, has been, or will be impacted by the development, production, or conversion of energy and mineral resources.
- b. To further document the impact in the area, name the company or companies involved, the number of employees associated with the activities impacting the jurisdiction and other relevant, quantitative indicators of energy/mineral impact.

##### **2. Project Significance/Demonstration of Community Need.**

- a. Why is the project needed at this time?
- b. How does the implementation of this project address the need?
- c. Does this project, as identified in this application, **completely** address the stated need? If not, please describe additional work or phases and the estimated time frame. Do you anticipate requesting Energy and Mineral Impact Assistance funds for future phases?
- d. What other implementation options have been considered?
- e. What are the consequences if the project is not awarded funds?

##### **3. Local Commitment.**

- a. Why can't this project be funded locally?
- b. Explain the origin of your local cash match. (Note: Whenever possible, local government cash match on a dollar for dollar match basis is encouraged.)
- c. Describe any in-kind contributions by type and value. How were the in-kind services valued? (If in-kind contributions are included in the project budget, detailed tracking will be required on project monitoring reports).
- d. Has the applicant dedicated the financial resources in their current budget, reserve funds and/or unused debt capacity that are being used for the local matching funds? Yes \_\_\_\_ No \_\_\_\_ Explain if No:
- e. Have the applicant's tax rates, user charges or fees been reviewed recently to address funding for the proposed project? Yes \_\_\_\_ No \_\_\_\_
- f. If the tax rate, user charges or fees were modified, what was the modification and when did this change occur? \_\_\_\_\_
- g. Has the applicant contacted representatives from local energy or mineral companies to discuss the project? Has the applicant requested financial support from the industry and to what success?

##### **4. Relationship to Community Goals / Increased Livability of Community.**

**The next series of questions attempts to more clearly understand how your community development/capital development project improves the livability of your community. Livability means, increasing the value and/or benefit in the areas that are commonly linked in community development such as housing, jobs, infrastructure benefit, transportation, education and environment.**

- a. Is the project identified in the applicant's budget or a jurisdictionally approved plan (e.g. capital improvement plan, equipment replacement plan, comprehensive plan, utility plan, road maintenance and improvement plan or other local or regional strategic management or planning document)? What is its ranking?
- b. Has this project been deferred because of the lack of local funding? If so, how long?
- c. What other community entities, organizations, or stakeholders recognize the value of this project and are collaborating with you to achieve an increased livability of the community? What measurable outcomes will demonstrate the increased livability because of the implementation of this project? Please describe how your partners are contributing to achieve the improvement to the livability of the community through this project.
  - i. Please describe the level of commitment by each collaborator. (e.g. fee waivers, in-kind services, fundraising, direct monetary contribution, policy changes.)
  - ii. Please list the value the resources that each collaborator is bringing to the program.

## **5. Management Capacity / Readiness To Go.**

- a. Assuming this project is funded as requested, how soon will the project begin? What is the time frame for completion?
- b. How will you separate and track expenditures, maintain funds and reserves for the capital expenditures and improvement as described in this project?
- c. Describe the funding plan in place to address the new operating and maintenance expenses generated from the project?
- d. Describe the technical and professional experience/expertise of person(s) and/or professional firms responsible to manage this project.
- e. Describe how your facility will meet the energy standards specified in C.R.S. 24-30-1301 - 1305, if applicable? How were these measures determined to be appropriate? Are the measures cost-effective? What is the estimated time for return on investment?
- f. Describe how you determined that the project can be completed within the proposed budget as outlined in this application? Are contingencies considered within the project budget?
- g. Has the necessary planning been completed? How? What additional design work must still be completed, if any? When? How did the applicant develop project cost estimates? Is the project supported by bids, professional estimates or other credible information? Please attach a copy of any supporting documents.
- h. Does the project duplicate service capacity already established? Is the service inadequate? (Has consolidation of services with another provider been considered?)

## **6. Measurable Outcomes.**

- a. Describe measurable outcomes you expect to see when implementation of this project is complete. How will the project enhance the livability of your region, county, city, town or community (e.g. constructing a new water plant will eliminate an unsafe drinking water system and provide safe and reliable drinking water; the construction of a new community center will provide expanded community services, or projects involving energy conservation, community heritage, economic development/diversification, traffic congestion)?
- b. How many people will benefit from the project? (i.e., region, county, city, town, community, subdivision, households or specific area or group; or any portion thereof)
- c. How will the outcome of the project be measured to determine whether the anticipated benefits to this population actually occur?

**E. TABOR COMPLIANCE.**

1. Does the applicant jurisdiction have the ability to receive and spend state grant funds under TABOR spending limitations? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_
2. Has the applicant jurisdiction been subject to any refund under TABOR or statutory tax limitations? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_
3. Has the applicant sought voter approval to keep revenues above fiscal spending limits? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_
4. Are there any limitations to the voter approved revenues? (e.g. Can only be spent on law enforcement or roads)?
5. If the applicant jurisdiction is classified as an enterprise under TABOR, will acceptance of a state grant affect this status? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_

**F. ENVIRONMENTAL REVIEW.**

Indicate below whether any of the proposed project activities:

1. Will be undertaken in flood hazard areas. Yes\_\_\_ No\_\_\_ List flood plain maps/studies reviewed in reaching this conclusion. Describe alternatives considered and mitigation proposed.
2. Will affect historical, archeological or cultural resources, or be undertaken in geological hazard area? Yes\_\_\_ No\_\_\_ Describe alternatives considered and mitigation proposed.
3. Address any other related public health or safety concerns? Yes\_\_\_ No\_\_\_ Describe:

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**Submission of this form indicates official action by the applicant's governing board authorizing application for these funds.**

Official Board Action taken on \_\_\_\_\_  
Date

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Applications and any attachments must be submitted electronically to:  
(If you are unable to submit electronically please contact your field representative)

[Bret.hillberry@state.co.us](mailto:Bret.hillberry@state.co.us)

Phone: 303.866.4058 for any questions related to the electronic submittal.

Attachments List (Check and submit the following documents, if applicable):

- ▶ Preliminary Engineering Reports \_\_\_\_\_
- ▶ Architectural Drawings \_\_\_\_\_
- ▶ Cost Estimates \_\_\_\_\_
- ▶ Detailed Budget \_\_\_\_\_
- ▶ Map showing location of the project \_\_\_\_\_
- ▶ Attorney's TABOR decision \_\_\_\_\_